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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/856,467 05/14/1997 PAT 5,880,811  
 which is a CIP of 08/578,462 12/26/1995 ABN

HD

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

HD None

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

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Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <u>HD</u> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 4	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 3
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## TITLE

Infant eye trainer for a baby bottle

FILING FEE  RECEIVED 384	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____
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